

BPA VACANCY ANNOUNCEMENT (#002653-04-DH-A1)

U.S. DEPARTMENT OF ENERGY BONNEVILLE POWER ADMINISTRATION

POSITION: SUBSTATION OPERATOR, BB-5407							
Multiple Positions throughout BPA – Oregon, Washington, Idaho and Montana							
OPENING DATE:	CLOSING DATE:	HOURLY PAY RATE:					
06/08/04	OPEN UNTIL FURTHER NOTICE	\$30.75					

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

DATE AMENDMENT ISSUED:06/21/04

Amendment #1

PURPOSE OF AMENDMENT

TO ADD THE GEOPGRAPHIC LOCATION DESIGNATION SHEET.

Applicants must complete the attached "Certification of Geographic Availability Form" indicating which location they wish to be considered for and return with their application package.

Note: This position is covered under the Employee Referral Program.



BPA VACANCY ANNOUNCEMENT (#002653-04-DH)

U.S. DEPARTMENT OF ENERGY BONNEVILLE POWER ADMINISTRATION

POSITION AND LOCATION: SUBSTATION OPERATOR, BB-5407								
Multiple Positions throughout BPA -	Multiple Positions throughout BPA – Oregon, Washington, Idaho and Montana							
OPENING DATE:	HOURLY PAY RATE:							
06/08/04	OPEN UNTIL FURTHER NOTICE	\$30.75*						
Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political,								
religious, or union affiliation or non-affil	iation, marital status, race, color, national or	rigin, sex, sexual orientation, age, or non-						
disqualifying physical disability: nor will	such action he based upon any personal re	alationship natronage or penotism						

WHO MAY APPLY: All US Citizens

<u>POSITION LOCATIONS:</u> Transmission Business Line, Transmission Field Services - Selections may be made anywhere in the Bonneville Power Administration (BPA) service area (Oregon, Washington, Idaho, and Montana).

*In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

NOTE: This position is covered under the Employee Referral Program.

NOTE: These positions are being filled under a Direct hire Authority, and may be used to make competitive service career, career-conditional, term and temporary appointments.

<u>NOTE</u>: If you do not possess the background outlined in the Experience Required Statement but have some related substation operation experience, please consider applying for our Substation Operator Trainee positions under Announcement Number 002664-04-DE.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP)/INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP): Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. Individuals who have special priority selection rights under the Agency Career Transition Assistance Program (CTAP) or the Interagency Career Transition Assistance Program (ICTAP) must be well qualified for the position to receive consideration for special priority selection. Well qualified for merit promotion (status applicants) means an applicant who possesses the knowledge, skills, and abilities which clearly exceed the minimum qualification requirements for the position, including being evaluated at the "3" or equivalent rating level on all quality ranking factors. Well qualified for non-status applicants means an applicant who scores 85 points or higher prior to the addition of veteran's preference points, if applicable. Federal employees seeking CTAP/ICTAP eligibility must submit proof that they meet the requirements of 5 CFR 330.605(a) for CTAP and 5 CFR 330.704 for ICTAP. This includes a copy of the agency notice, a copy of their most recent Performance Rating, and a copy of their most recent SF 50 noting current position, grade level, and duty location. Please annotate your application to reflect that you are applying as a CTAP or ICTAP eligible. For additional information, please refer to http://www.jobs.bpa.gov/.

This position has a SELECTIVE PLACEMENT FACTOR, which will serve as a screen-out element: Applicants must submit a copy of their EMPLOYMENT DRIVING ABSTRACT** (obtained from the Dept. of Motor Vehicles or equivalent State agency) covering the past 3 years and dated within the last 3 months. Candidates with a poor driving record*** and/or revocation of license will be immediately disqualified from consideration. Failure to submit your driving record will also be disqualifying.

**Please note that this is a change in the requirement for the <u>type</u> of driving abstract applicants are now required to submit. Applicants can request a copy of their Employment Driving Record from the Department of Motor Vehicles or equivalent State agency in the same manner as previously required. (However, you must specify that you are requesting an *Employment* Driving Record).

****Disqualifying driving records: Within the past three years, any of the following conditions disqualify an applicant for a U.S. Government Motor Vehicle Authorization: A. Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance. B. Conviction for leaving the scene of an accident without making his or her identity known. C. Suspended, revoked, or cancelled driver's license. D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrate that the driver does not have an adequate sense of responsibility. This may be shown by any of the following: Conviction for fleeing or attempting to elude a police officer; conviction for a felony involving the use of a motor vehicle; 2 or more accidents in which the driver was at fault; 2 or more excessive speeding violations (15 miles per hour or more over the posted speed limit.); or 4 or more moving violations.

NOTES:

A technical interview will be given to all qualified applicants.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

If selected, applicant will be required to pass a pre-employment physical examination.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees will be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to non-selection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

If selected, you will be required to complete a Declaration for Federal Employment (OF 306, revised 1/01) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work. The correct version of the OF-306 form is available at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

DUTIES AND RESPONSIBILITIES OF THE SUBSTATION OPERATOR:

Substation Operators operate equipment in an electrical power transmission system substation. Specific tasks vary with the type of substation to be operated, but may include any of the following: 1. General Operation - Checks and reviews station conditions. Reviews station log book and Substation Operating Manual. Responsible for Control of Entry, Station Security, and safety of others in the station. May be assigned other duties such as Safety Watching and escorting others. Keeps System Dispatchers and others informed of all local information pertinent to the operation of the power system. Notifies specified BPA personnel and others of power system emergencies. Has contact with the public and BPA customers. 2. Inspections - Checks indication and tags on control panel against actual station conditions. Checks for adherence to the station voltage schedule. Checks for compliance with prescribed operating limits on lines and equipment (load, voltage, temperature, etc.). Periodically inspects station, including all components in switchyard, control house, relay houses, and other buildings. Conducts security check of perimeter fences, gates, doors, and windows. Checks for conditions constituting hazards to personnel, property, or equipment. Takes action to correct abnormal conditions or notifies others concerned with the condition. 3. **Switching** - Ascertains, plans, and performs any switching scheduled during tour of duty. Plans and performs switching as delegated by system dispatcher. Performs operating functions in accordance with the Switching and Clearance Procedures, the Accident Prevention Manual, and the Substation Operating Manual which includes: operating bulletins, substation standing operating orders, station instructions, etc. During loss of communication with control centers, operates a substation in accordance with pre-approved, written orders and instructions. In case of trouble involving possible injury, loss of life, or damage to property, operates substation in accordance with best personal judgment. 4. Communications - Monitors and operates various communications systems. These systems include mobile radios, commercial phone lines, and various BPA communications systems. These communications systems are operated for purposes including voice communications, relaying, and billing. 5. Records and Reports - Complete, files and maintains various records and reports in accordance with instructions. May read, record, and report various meters, instruments, gauges, and billing meters. Files, maintains, corrects, and as necessary, orders new substation prints. 6. Instructing - Leads and instructs others as assigned. 7. Non-electric Plant - Performs non-electric plant duties as assigned, such as building and grounds maintenance. 8. Environmental - May perform preventive and/or corrective containment and/or cleanup measures to protect the environment.

EXPERIENCE REQUIREMENTS: Ability to Perform the Work of a Substation Operator Without More Than Normal Supervision. Describe your experience writing switch orders, by using station prints (one line diagrams, relay schematics, or wiring diagrams), to clear or bypass a power circuit breaker, a line, a main bus, a transfer or auxiliary bus, a power transformer bank. Please indicate when and where this experience was acquired.

NOTE: Applicants who meet the experience requirement will be asked to demonstrate the ability to write a switch order, using station prints, to clear or bypass the above listed equipment in a technical interview. The technical interview will also include other relevant aspects of substation operations.

Applicants who meet this requirement will be rated qualified and will be referred for employment consideration.

Please do not attach copies of switch orders you have written. Instead, describe in your own words the process you have used to do so at your utility. Describe this experience on a separate sheet of paper and attach it to your resume or application.

<u>BASIS FOR RATING:</u> Applicants must have had progressively responsible experience and training sufficient in scope and quality to successfully perform the duties of the position without more than normal supervision. Applicants will be evaluated on the basis of their substation operations experience.

<u>WORKING CONDITIONS:</u> Work is performed both indoors and outdoors under all prevailing weather conditions during the day or night. Work is also performed on uneven, outdoor surfaces, including steep inclines, on rocked or graveled surfaces and unimproved surfaces. Hazards include working around high voltage equipment and machinery with moving parts. The possibility of explosion or fire is ever-present. The Substation Operator may work from ladders, platforms, scaffolding, or stairs. Work may be at heights up to 60 feet. The work environment will occasionally include high noise levels and/or exposure to hazardous substances (such as acids, PCBs, pesticides, asbestos, mercury, solvents, etc.) that could, if precautions are not followed, pose a health risk. Proper respiratory and

safety equipment shall be worn when hazardous substances are being handled. Emergencies, critical system conditions, or outage limitations may require that work be done at night and/or under time restraints. System priorities may require extended periods of overtime, including working weekends and holidays.

PHYSICAL REQUIREMENTS:

Essential Functions (those duties encompassed in a job which are indispensable and comprise the gist or substance of the job):

- Operates energized high and low voltage electrical power transmission system substations following strict procedures and safety requirements.
- Checks and reviews station conditions. Responsible for station security and safety of others in the station.
- Performs inspections on all high and low voltage equipment in substations and keeps records. Periodically inspects station, including all components in the switchyard, outlying buildings, and the perimeter of the property.
- Monitors and operates various communications systems. All processes require clear oral communication.
- Completes associated documentation required of the above listed tasks.
- Drives 15-20% of the time in all weather conditions.

PHYSICAL REQUIREMENTS					
Physical Requirement nee	eded to perform e	essential functions			
NR=not required; Rarely =	= 1% or less; Occ	asionally = 1-33%; Frequently = 34-65%; Continually = 66-100%			
Climbing	Occasionally	Able to climb and work at various heights averaging 10 feet, such as on platforms, scaffolding, ladders and stairs adjacent to high-voltage equipment.			
Balancing	Frequently	Requires good balance to climb ladders and perform repair duties while switching and changing fuses. Walking on uneven surfaces.			
Leg/foot use (in conjunction with standing, walking, and climbing	Frequently	To operate motor vehicles and to climb ladders and stairs. Must be able to work from ladders, platforms, scaffolding			
Standing	Occasionally	Ability to stand an average of 2-3 hours uninterrupted. Occasionally stands a maximum of up to 8 hours per day when performing safety watching.			
SITTING	Frequently	Drives vehicles to and from work sites, monitor and operate various communication systems; perform office work. Average of 3-4 hours per day.			
WALKING	Frequently	Walk/stand on uneven, slippery surfaces, including steep inclines in all weather conditions. Must be able to move rapidly to and from the control house at various locations in the switchyard (distances of up to one-quarter mile) several times in succession during the execution of switching operations. Must be able to walk up to 4 hours on large-graveled surfaces.			
LIFTING/CARRYING	Occasionally	Lifts tools and equipment. Average is 30 pounds. Lifts and positions 100-110 pound nitrogen bottles and 120-pound manhole covers. Ability to raise, lower, and maneuver up to 30-pounds utilizing a pole 20 feet or more in length.			
Pushing/Pulling	Occasionally	Requires up to 75 pounds of exertion to operate swing handle or hand crank of disconnect while in a standing position. Moves and positions equipment and materials weighing up to 120 pounds such as manhole covers and nitrogen bottles.			
Twisting/Bending/ Stooping (knees, waist, neck, wrist)	Frequently	Ability to raise, lower and maneuver up to 30 pounds utilizing a pole 20 feet or more in length. Performs inspections and cleaning duties.			
HANDLING/GRASPING	Occasionally	Ability to raise, lower, and maneuver up to 30 pounds utilizing a pole 20 feet or more in length to change fuses and perform switching operations. Grasps swing handles and hand cranks to perform switching operations. Fine grasping to replace screws and relay equipment.			
Reaching	Occasionally	Works with arms overhead or extended for long periods of time.			
Crouching	Occasionally	May crouch when performing inspections.			
Kneeling/Crawling	Rarely	Kneels to access and inspect equipment.			
Fingering/Feeling	Occasionally	Performs repairs and switching activities. Turns knobs and grasps screws after removing relay covers.			
Other Physical Requirements	Occasionally	Considerable physical exertion is also required while performing activities such as building and grounds maintenance and when traveling on foot to gain access to remote switching locations.			

		USE OF SENSES
Talking	Continually	Able to communicate with co-workers and to provide clear, accurate
		communication.

Hearing	Continually	To receive directions from co-workers, listen for telephone. Ability to hear warning devices, and indicators of problems in the substation.
Vision	Continually	To safely operate equipment and use tools while performing disconnects and switching operations. Requires good spatial ability/depth perception and sufficient color discrimination to distinguish color-coding or shade variations. Distant visual acuity of at least 20/40.
Smell	Continually	Able to detect various gases, fuels, exhausts, burning of electrical equipment. Gas detectors are available.

MENTAL REQUIREMENTS

Requires ability to perform effectively under stress for extended periods of time in hazardous situations; interact/communicate with others; comprehend and follow directions; work both independently and as a team member; make decisions and judgments; maintain flexibility in performing a variety of tasks, pay attention to detail, follow safety rules; operate vehicles and equipment safely; read and comprehend manuals and substation maps; sufficient math/geometric skills; basic computer skills.

ENVIRONMENTAL

Requires ability to work outside in all weather conditions; inside work required while working on relay and control panels and other electrical equipment. Frequent exposure to hazards typical of working around high voltage equipment and machinery with moving parts. Potential exposure to loud noises. May perform preventative and/or corrective containment and/or cleanup measures to protect the environment with various chemicals such as herbicides, pesticides, and solvents. MSDS are available. Ability to work at heights and underground. Required to wear various levels of PPE (hearing protection, respiratory protection, hard hats, safety glasses; if required, insulated rubber gloves).

SPECIAL EQUIPMENT

Uses equipment such as cars, trucks, a variety of power and hand tools and test equipment. Uses office equipment such as computers, telephones, copy and fax machines.

CONDITIONS OF EMPLOYMENT: Persons filling Substation Operator positions are required to meet some or all of the following conditions: 1. Establish a residence in accordance with negotiated requirements; that is within one hour or less commuting time under normal weather and road conditions, to the duty station headquarters. 2. Provide a means for contact by the Administration. 3. Change shifts on short notice or continue on duty in the absence of relief. 4. Possess a valid state driver's license. Traffic citations indicating poor driving habits may disqualify applicants. 5. Obtain certification on the equipment associated with substation operations, if assigned to use or operate. 6. Possess within one year after appointment, and maintain continuously thereafter, a First Aid Card. 7. Follow and enforce the safety practices of BPA. 8. Operate any type of motor vehicles applicable to assigned duties. 9. If exposed to health hazards, have periodic physical examinations as prescribed by competent medical authority at BPA expense. (Employees will work in close proximity to substances, such as acids, PCBs, pesticides, asbestos, mercury, solvents, etc., which may have effects on health unless prescribed handling procedures are followed). 10. As part of the job requirements, and, at the discretion of the Regional Office, the Substation Operator shall be required to apply restricted use pesticides and may be required to obtain a pesticide applicator's license. The Administration shall provide the necessary training for such a license. 11. Subject to call for emergency work at any time. 12. May be placed in an available status during off hours subject to negotiated agreement.

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

- Your resume, or other application, that fully describes your education and experience. (Note a copy of the optional application Form (OF-612) is attached).
- Narrative response to Experience Requirement: Ability to Perform the Work of a Substation Operator Without More Than Normal Supervision. Describe your experience writing switch orders, by using station prints (one line diagrams, relay schematics, or wiring diagrams), to clear or bypass a power circuit breaker, a line, a main bus, a transfer or auxiliary bus, a power transformer bank.
 Please indicate when and where this experience was acquired.
- Driving record abstract for past three (3) years (obtained from the Dept. of Motor Vehicles or equivalent State agency, and must be dated within the last 3 months).
 - All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached).
- Member 4 copy of Military Discharge Papers, DD-214 (if applicable)
- SF-15, Application for 10-point Veteran Preference with proof of your claim (including letter of compensable disability dated within the last 12 months), if applicable
- OF-306 (revised 1/01), Declaration for Federal Employment (attached).

APPLICATION INFORMATION:

There is no specific required application form, however, there is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612 (attached), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information.

REQUIRED INFORMATION ON RESUME*:

- 1. Announcement number, title, and grade of the position for which you are applying.
- 2. Your full name, mailing address, and day and evening telephone number.
- 3. Your Social Security Number.
- 4. Country of citizenship.
- 5. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
- 6. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title ((YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (including month and year), salary, hours worked per week, salary).
- 7. Indicate if we may contact your current supervisor.
- 8. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.
- **Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.

Forms Availability: All application materials may be obtained from all Bonneville Power Administration Human Resources offices 5411 NE Highway 99, Plant Services Building, Vancouver, WA; or 905 NE 11th Avenue, Portland, OR, or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our internal website, or our external website at www.bpa.gov

If you have questions, you may call the Employment Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If mailing your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Applicants will be notified of receipt of their application package.

Fax Applications:

Faxed applications should be sent to 360-418-2063. Applicants are responsible for ensuring that application materials transmit successfully.

Applications should be sent as email attachments to: http://www.jobs.bpa.gov/. The announcement number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross—referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

The Bonneville Power Administration is a harassment free workplace.

www.va.gov	www.bpa.gov	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED OMB No. 3206-0219 Electronic Form Approved by CGIR 03/31/98 (VB)

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement			2. Grade(s) applying for	3. Announcement number
4. Last name		First and middle names		5. Social Security Number
6. Mailing address				7. Phone numbers (include area code) Daytime
City		State	ZIP Code	Evening
		e related to the job	for which you are applying. Do	o not attach job descriptions.
A) Job title (if Federal, include	e series and grade)			
From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and addres	S			Supervisor's name and phone number
Describe your duties and acc				
B) Job title (if Federal, includ		1		T
From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and addres	s			Supervisor's name and phone number

Describe your duties and accomplishments

D	.~	_	
2	n	0	_

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - 0F 612

Electronic approved by CGIR - 03/31/98 (VB)

9. May we contact your current supe	rvisor?						
YES (☐) NO (☐) ► If we need to contact your current supervisor before making an offer, we will contact you first. EDUCATION							
10. Mark highest level completed. Some HS () HS/GED () Associate () Bachelor () Master () Doctoral ()							
11. Last high school (HS) or GED sch	nool. Give	the school's nam	ie, city, State, 2	IP Code (if know	n), and year diploma	or GED received.	
12. Colleges and universities attende	d. Do no	t attach a copy of	your transcript	unless requested	l.		
A) Name			Total Credi	s Earned	Major(s)	Degree	Year Received
			Semester	Quarter		(if any)	
	-						
City	State	ZIP Code					
5)							
B) Name							
City	State	ZIP Code					
J.,	1	1					
C) Name		<u>l</u>					
- ,							
City	State	ZIP Code					
OTHER QUALIFICATIONS	u.	•		<u> </u>		•	•
 Job-related training courses (giv etc.). Job-related certificates and lice 							
professional/honor societies, leadersh							
GENERAL							
14. Are you a U.S. citizen?	YES	(NO		Give the co	ountry of your citizen	ship	
15. Do you claim veterans'	NO	(YES			claim of 5 or 10 poin	•	
preference?		(
5 points (□) → Attach your [DD 214 oi	other proof. 10	points (Attach an required.	Application for 10-Poir	nt Veterans' Preference	e (SF15) and proof
16. Were you ever a Federal civilian	employee	?		Series	Grade	From (MM/YY)	To (MM/YY)
NO ((<u> </u>	For highest c	ivilian grade giv	/e:			
17. Are you eligible for reinstatement	based or	n career or career-	-conditional Fe	deral status?	L		L
NO (YES	(<u> </u>		sted, attach SF				
APPLICANT CERTIFICATION	()	oquo.	, and a	00 p.00			
18. I certify that, to the best of my kn		and boliof all of th	ao information	on and attached t	o this application is t	rue correct comple	oto and made in
good faith. I understand that false or							
begin work, and may be punishable b							=
SIGNATURE					DATE SIGNED)	

Page 3 *

GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached Optional Application for Federal Employment or other written format. If your
 resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose
 consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the
 requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- · Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people
 may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools,
 banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on
 unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary form 20 to 240 minutes with an average of 40 minutes per response, including
 time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send
 comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S.
 Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number			Position Title, Series, Grade					
Nan	ne (Last, First, Middle Initial)		Social Security Number					
Sex	MA	ALE	FEMALE					
A poactive description NOT	SECTION A. DISABILITY STATUS A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation. NOTE: Please place only ONE two-digit code number in the box. 15. I do not have a disability							
16.	Total deafness in both ears, with or wi	ithout understandable	e speech.					
23.	3. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)							

- 25. Blind in both eyes (no usable vision, may have some light perception).
- 28. Missing one arm or one leg.
- 33. Missing hands or both arms or both feet or both legs.
- 35. Missing one hand or arm and one foot or leg.
- 64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
- 65. Partial paralysis of both legs, any part, or both arms, any part.

 DOE F 1600.7e

 U.S. DEPARTMENT OF ENERGY

Electronic Form Approved By CIL 07/14/1999

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

67.	. Partial paralysis of one side of the body, including one arm and one leg.							
68.	Partial paralysis of three or more major parts of the body (arms and legs)							
71.	. Complete paralysis of both hands or both arms or both legs.							
72.	Complete paralysis of one arm of	or one leg.						
76.	Complete paralysis of lower half	f of body,	including legs.					
77.	Complete paralysis of one side o	f body, in	cluding one arm and one leg.					
78.	Complete paralysis of three or n	nore majo	r parts (of body) (arms and legs).					
82.	Convulsive disorder (e.g. epileps	sy).						
90.			g condition involving a limited ability to learn, to be educated, and to be trained fied by a state vocational rehabilitation agency).					
91.	Mental or emotional illness (a hi	story of tr	reatment for mental or emotional problems).					
92.	Severe distortion of limbs and/o	r spine (e.	g. dwarfism, severe distortion of the back).					
06.	I have a disability, but it is not lis	sted above	e. Describe:					
The the you	category with which you identify identify yourself. NOTE: Please American Indian or	otions of r yourself.	A person having origins in any of the original peoples of North America, and					
В.	Alaskan Native Asian or Pacific Islander		who maintains cultural identification through community recognition or tribal affiliation. A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.					
C.	Black, not of Hispanic origin		A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.					
D.	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.							
E.	White, not of Hispanic origin		A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins.					
F.	Other		A person not included in the above categories.					

Declaration for Federal Employment

GENERAL INFORMATION	I					
1. FULL NAME (First, middle, last)	2.	SOCIAL SECURITY NUMBER				
3. PLACE OF BIRTH (Include City and	State or Country)		4.	DATE OF BIRTH (MM/DD/YY)		
5. OTHER NAMES EVER USED (For e	xample. maiden name. n	nickname. etc.)	6.	PHONE NUMBERS (Include Ar	ea Codes)	
()	, , , , , , , , , , , , , , , , , , , ,	, , , , ,	DA'	•	,	
			NIG	SHT		
If you are a male born after Decembe that you must register with the Select	r 31, 1959, and are at		civil ser		C. 3328) re	equires
7a. Are you a male l	oorn after December 31	YES		NO If "NO" skip 7b and 7c.	If "YES" go	to 7b.
7b. Have you registe	ered with the Selective	YES		NO If "NO" go to 7c.		
7c. If "NO", describ	e your reason(s) in iter					
MILITARY SERVICE						
8. Have you served in the United States M	lilitary?		YES Pro	vide info	NO	
If you answered "YES", list the branch, da If your only active duty was training in the						
BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE	OF DISCHARGE		,
	וווווווווווווווווווווווווווווווווווווו	WIIVII/DD/1111				
D. CVCDOVIND INFORMA	TION:					
BACKGROUND INFORMA						lia4ill
For all questions, provide all additional be considered. However, in most cases you			acried Si	ieets. The circumstances of each	event you	iist wiii
For questions 9, 10, and 11, your answers \$300 or less, (2) any violation of law comp juvenile court or under a Youth Offender la conviction whose record was expunged ur	nitted before your 16th bi aw (4) any conviction set	rthday, (3) any violation of aside under the Federal `	of law cor	nmitted before your 18th birthday	if finally de	cided in
9. During the last 10 years, have you been					YES	NO
firearms or explosives, violations, misdem the violation, place of occurrence, and the						
and violation, place of decarrence, and the	Traine and dadress of the	o ponos doparamentos de	art mron	.		
10. Have you been convicted by a military 16 to provide the date, explanation of the					YES	NO
involved.	violation, place of occurre	erice, and the hame and a	auuress c	or the military authority of court		
11. Are you now under charges for any vio			date, ex	planation of the violation, place	YES	NO
of occurrence, and name and address of t	he police department or o	court involved.				
12 During the last Events were you fired	from any job for any roa	aan did yay quit aftar bai	na told th	act you would be fired, did you		
12. During the last 5 years, were you fired leave any job by mutual agreement becau					YES	NO
Personnel Management? If "YES", use ite employer's name and address.	m 16 to provide the date,	an explanation of the pro	oblem an	d reason for leaving, and the		Ш
13. Are you delinquent on any Federal del	ot? (Includes delinquenci	es arising from Federal ta	axes, loar	ns overpayment of benefits,	VES	NC.
and other debts to the U.S. Government, p	olus defaults of Federally	guaranteed or insured lo	ans such	as student and home	YES	NO
mortgage loans.) If "YES", use item 16 to taking to correct the error or repay the deb		anu amount of the delingt	uency or	ueraun, anu sieps that you are		

Declaration for Federal Employment

			. ,		Electronic For	m Appi	
ADDITIONAL QUEST	ΓΙΟΝS					YES	NO
14. Do any of your relatives work husband, wife, son, daughter, brodaughter-in-law, brother-in-law, s	for the agency or organization to which other, sister, uncle, aunt, first cousin, no ister-in-law, stepfather, stepson, stepda a name, relationship, and the Department	ephew, nie aughter, s	ece, father-in-law, mo tepbrother, stepsister	ther-in-law r, halfbroth	/, son in-law, er, and halfsister.) <i>If</i>		
	ever applied for, retirement pay, pensio ?	on, or othe	r pay based on milita	ry, Federa	l civilian, or District	YES	NO
CONTINUATION SPA	ACE/AGENCY OPTIONA	L QUE	STIONS				
with your name, Social Security N	ms 7 through 15 and 18c in the continu Number, and item number, and to include e specific to your position and your age	de ZIP Co	des in all addresses.	If any que			
APPLICANT: If you are applyin sheets. When this form and all at APPOINTEE: If you are being a materials that your agency has at on this form or the attachments a and attached materials are accur	g for a position and have not yet been tached materials are accurate, read ite ppointed, carefully review your answe ttached to this form. If any information and/or provide updated information on a ate, read item 17, and answer 18a, 18	en selecter and 17, and ers on this requires conditional seconds.	complete 17a. form and any attache prrection to be accura sheets, initialing and as appropriate.	ed sheets, ate as of th dating all o	including any other apple date you are signing changes and additions.	olication , make ch When this	s form
any attached application material on any part of this declaration by fine or imprisonment. I under by as allowed by law or Presiden schools, law enforcement agencithe Federal Government. I under	y knowledge and belief, all of the inforr s, is true, correct, complete, and made or its attachments may be grounds the erstand that any information I give may tial order. I consent to the release of in es, and other individuals and organizate erstand that for financial or lending institute e specific release may be needed, and	in good fa for not hing y be invest information tions to invest tutions, me	aith. I understand the ring me, or for firing igated for purposes of about my ability and restigators, personne edical institutions, hos	at a false I me after of determin I fitness for I specialist spitals, he	or fraudulent answer I begin work, and ma ning eligibility for Feder Federal employment s, and other authorized alth care professionals	to any que y be punical employed employed employed employed	nestion shable ment ers, es of
17a. Applicant's Signature:					APPOINTING O Enter Date of Appointme		ersion
_	(Sign in ink)	•			MM/DD/\		
17b. Appointee's Signature:		Dete					
_	(Sign in ink)	Date					
	only if you have been employed by the ay affect your eligibility for life insurance						
18a. When did you leave your las	st Federal job? N	M / DD / `	YYYY				

NO

any type of optional life insurance?			
18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.	YES	NO	DO NOT KNOW

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable
FILE CODE: PE-20-12
RETENTION: CHR/CF = 2 YRS; OTHERS = A

GEOGRAPHIC AVAILABILITY FORM

		OATE:
LOCATIONS.	ORK AS A SUBSTAION OPERATO	
OREGON	WASHINGTON, IDAHO, OR MONT WASHINGTON ANNIHADE	<u>IDAHO</u>
ANYWHERE	ANYWHERE	ANYWHERI
Albany Bandon	Aberdeen Promorton (Vitage)	Burley Idaho Falls
- Bandon Fairview	Bremerton (Kitsap) Bridgeport (Chief	Lewiston
ranview	Joseph)	Lewiston
Florence (Wendson)	Centralia (C.W. Paul)	Sandpoint
Goshen (Alvey)	Chehalis	Sanupoint
Hillsboro (Keeler)	Colville	MONT
La Pine	Custer	ANYWHER
Malin	Ellensburg	Columbia Fal
-1	21141120 4129	(Conkelley)
North Bend	Kent (Covington)	Garrison
Oregon City	Longview	Hot Springs
(Ostrander)	(Maintenance H.Q.)	
Redmond	Malaga (Valhalla)	Kalispell
Reedsport	Newport	Libby
Rufus (John Day)	North Bonneville	Missoula
Salem (Chemawa)	Olympia	Taft
Salem (Keizer)	Pasco (Franklin)	
Stayton (Marion)	Port Angeles	
The Dalles	Raymond	
Troutdale	Richland (Ashe)	
Umatilla (McNary)	Rock Island (Columbia)	
Wilsonville (Pearl)	Snohomish	
_	Spokane (Bell)	
	Vancouver (Alcoa)	
	Vancouver (Ross)	
	Wenatchee (Sickler)	

BPA F 3330.01e (12-03)

U.S. DEPARTMENT OF ENERGY BONNEVILLE POWER ADMINISTRATION EMPLOYEE REFERRAL PROGRAM (ERP) FORM

Electronic Form Approved by Forms Mgmt. 12/19/2003

Instructions: The referring employee completes and submits this form by midnight of the closing date of the announcement to Personnel Services via mail – CHP/CSB-2, E-mail - jobs@bpa.gov, or Fax – 360-418-2063. Separate forms must be submitted for each application. ERP Awards will not be authorized without a complete and timely form.

PART 1- APPLICANT INFORMATION			
APPLICANT'S NAME			
ANNOUNCEMENT NUMBER			
POSITION			
PART 2 – REFERRING BPA EMPLOYEE IS	NEODMATION		
EMPLOYEE NAME		ONE NUMBER	
POSITION/JOB	ROUTING	3	
IMPORTANT: The ERP do	es not allow referrals for an	y of the following employee relatives:	
		y or and rememming empreyee remainder	
Husband	Step uncle	Step sister	
Husband Father	Step uncle Nephew	Step sister Sister-in-law	
Husband	Step uncle	Step sister Sister-in-law Aunt	
Husband Father Stepfather	Step uncle Nephew Step nephew	Step sister Sister-in-law	
Husband Father Stepfather Father-in-law Son Step son	Step uncle Nephew Step nephew Wife Mother Step mother	Step sister Sister-in-law Aunt Step aunt Niece Step niece	
Husband Father Stepfather Father-in-law Son Step son Son-in-law	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law Uncle	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	_
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law Uncle	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law Uncle I DECLARE THE APPLICANT I AM REF	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	_
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law Uncle	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	_
Husband Father Stepfather Father-in-law Son Step son Son-in-law Brother Half brother Step brother Brother-in-law Uncle I DECLARE THE APPLICANT I AM REF	Step uncle Nephew Step nephew Wife Mother Step mother Mother-in-law Daughter Step daughter Daughter-in-law Sister Half sister FERRING IS NOT A RELATIVE A	Step sister Sister-in-law Aunt Step aunt Niece Step niece Grandparents Step grandparents Grandchild Step grandchild First cousin Step first cousin	_